

Case Number:	CM15-0211783		
Date Assigned:	10/30/2015	Date of Injury:	09/16/2014
Decision Date:	12/29/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old female with an industrial injury dated 09-16-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder arm labral tear and cervical spine strain. According to the progress note dated 10-13-2015, the injured worker's chief complaints include right shoulder, right elbow, and cervical spine pain. Objective findings (10-13-2015) revealed muscle spasms in the cervical spine, positive Spurling test on the left and right, limited range of motion, muscle spasm and right shoulder tenderness and positive apprehension test. Treatment has included MR arthrogram of right shoulder, X-ray of cervical spine on 09-08-2015, prescribed medications, right shoulder arthrography, physical therapy and periodic follow up visits. The treatment plan included additional right shoulder physical therapy, home exercise program and recommendation for neurology consult due to continued pain, stiffness and discomfort in her cervical spine. The utilization review dated 10-23-2015, non-certified the request for Neurologist evaluation. The patient had received an unspecified number of chiropractic and PT visits for this injury. The medication list include Gabapentin, Omeprazole, Cyclobenzaprine, Hydrocodone and Ibuprofen. The patient sustained the injury when she was trying to prevent falling of a tray full of meat from the shelf. The patient's surgical history included lung surgery 30 years ago. The patient has had a MRI of the cervical spine on 2/11/15 that revealed mild degenerative changes and disc protrusions; MRI of the right shoulder on 2/11/15 that revealed a labrum tear.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurologist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine), Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Neurologist evaluation Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A detailed recent neurological examination was not specified in the records provided. Significant functional deficits that would require a Neurologist evaluation were not specified in the records provided. Presence of significant psychosocial factors was not specified in the records provided. A plan or course of care that may benefit from the Neurologist evaluation was not specified in the records provided. A detailed rationale for the request of a Neurologist evaluation was not specified in the records provided. A plan for an invasive procedure was not specified in the records provided. The request for Neurologist evaluation is not medically necessary for this patient.